

# OPA DATABASE GUIDE FOR PUBLIC USERS – GETTING STARTED

**JULY 2011 VERSION 1.0** 

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# **GETTING STARTED**

### Objectives:

Accessing HRSA OPA 340B Program

2. Click on an applicable link and the appropriate screen displays.

Familiarization of HRSA 340B Homepage

### **ACCESSING 340B OPA SYSTEM DETAILS EXAMPLE** Accessing HRSA OPA 340B System Useful Links Accessing the HRSA 340B OPA » Help » Reports » Forms » Forms » DSH Adjustment Percentages » Termination Codes » Medicaid Exclusion Files » Couvered Entity Acronyms » Notes » Contacts System only requires a URL; no User ID or Password is necessary. Contract Pharmacies Three business functions of the » Search Covered Entities » Search Contract Pharmacies » Search Manufacturers 340B System: Covered Entities, » Register a Contract Pharmacy » Register a Manufacturer » Register a Covered Entity Contract Pharmacies, and » Register an Outpatient Facility Manufacturers. Important Notifications links to the HRSA Office of Pharmacy Affairs will use this space to announce enhancements to the 340B Database as they occur. If you have a suggestion for how we can further improve the database, please send a message to us vis the "Questions, Comments, or Suggestions" link at the bottom of the screen. Recorded Webinar on Implementation of Affordable Care Act for Expansion of Eligibility for the 3408 Drug Pricing Program will be available for viewing shortly. Please visit <a href="http://www.hrsa.gov/opa">http://www.hrsa.gov/opa</a> for additional information. OPA 340B Homepage. 12/23/2009 – added pharmacy comments field. 06/04/2009 – made major improvement in reports, including conversion to csv files to improve performance, updated order of fields, field names, OPA is operating under the normal schedule and deadlines for all Covered Entities. The quarterly deadline for submission of registration forms to OPA is December 1 to become effective as a participating covered entity for the quarter beginning January 1. If your submission is close to the deadline, you are advised to FAX the form to OPA at (301)844-4982 and mail the original. Reports links to a landing page for with a list of specific etc. 0/101/2009 – rearranged Granti Provider number and Entity Type fields in the record view. 04/24/2008 – added online registration for FP covered entitles. 02/20/2008 - added Start and Termination Date columns to the \*Children Entitles" and "Other Related Entities" dsiplays. The Rolling Admission for the New Entity Types under Section 7101 of the Affordable Care Act that include Standing Cancer Hospitals, Critical Access Hospitals, Children's Hospitals, Rural Referral Centers, and Sole Community Hospitals is now over. reports in the three business FOR DIRECT ASSISTANCE Please call 1-800-628-6297 or email Pharmacy Services Support Center for technical assists areas. ou are entering an official US Government computer network NEVER save your user-ID or password when accessing this system (especially on non-government computers). Pleas tole: You are entering an official United States government system, which may be used only for suthorized purposes. This system may contain nonpublic HRSA information within meaning of 12 GPR 4 32(f) that is subject to use and disclosure restrictions specified at 12 GPR 4 37. The unathorized use or disclosure of nonpublic HRSA information or the nauthorized modification of any information stored on this system may result in criminal prosecution or administrative proceedings. Public User 1. Enter this URL: http://opanet.hrsa.gov/opa/default.a U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA) - 340B Program spx, and HRSA OPA 340B Homepage displays. Bookmarking this URL provides quick access.

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### **HOMEPAGE FEATURES DETAILS EXAMPLE** Homepage Features **Useful Links** Menu Bar Provides links to helpful sites, including Forms, Reports, Each menu heading provides a Contacts, Acronyms, etc. drop-down with essential links. Covered Entities ▼ Search Covered Entities Search Medicaid Provider Numbers Pharmacy Affairs Register a Covered Entity Register an Outpatient Facility **Main Selection Boxes** Forms DSH Adjustment Percentages Termination Codes Medicaid Exclusion Files Covered Entity Acronyms Notes Same essential links are available for each program area. » Search Covered Entities » Search Contract Pharmacies » Search Manufacturers » Search Medicaid Provider Numbers » Register a Contract Pharmacy » Register a Manufacturer What's New Provides announcements and » Register an Outpatient Facility alerts pertaining to Important Notifications What's New Office of Pharmacy Affairs will use this space to announce enhancements to the 349B Database as they occur. If you have a suggestion for how we can further improve the database, please send a message to us via the "Questions. Comments, or Suggestions" link at the bottom of the screen. enhancements to the 340B Database. Recorded Webinar on the New Multiple Contract Pharmacy Guidelines is also available for viewing <a href="http://www.hrsa.gov/opa/contractpharmacy.htm">http://www.hrsa.gov/opa/contractpharmacy.htm</a> for additional information. OFA is operating under the normal schedule and deadlines for all Covered Entities. The quarterly deadline for submission of registration forms to OFA is December 1 to become effective as a participating covered entity for quarter beginning January 1. If your submission is close to the deadline, you are advised to FAX the form to OF (301)894-4982 and mail the original.

## **Important Notifications**

Provides links to Webinars and information for contacting OPA.

Footer

- Provides email and phone contact information to OPA.
- Provides link for submitting feedback to HRSA pertaining to the site and its content.

ou are entering an official US Government computer network NEVER save your user-ID or password when accessing this system (especially on non-government computers), older. You are entering an official United States government system, which may be used only for subhorized purposes. This system may contain nonpublic HRSA information or meaning of 12 CFR 4.3(b) that is subject to use and disolosure restrictions specified at 12 CFR 4.3?. The unauthorized use or disolosure of nonpublic HRSA information in authorized modification of any information stored on this system may result in orininal prosecution or administrative proceedings.

FOR DIRECT ASSISTANCE
Please call 1-800-628-6297 or email Pharmacy Services Support Center for technical assi

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### **HOMEPAGE FEATURES DETAILS EXAMPLE** Helpful Links 340B PARTICIPANT CHANGE FORM **HRSA** If your facility is already participating in the 340B Program, please submit this form for updates to your existing profile. For assistance, call the Pharmacy Services Support Center (PSSC) at 1-800-628-6297. Email the completed form to the Office of Pharmacy Affairs at opastaffightsa.gov. You will be notified when the change has been made. To expedite the process, the "Covered Entity Authorizing Official" for your organization, shuld submit the change and the appropriate 340B ID number must be included. If tis submitted by someone else, a significant delay may occur and it may hamper your organization's purchase of 340B drugs until the matter is resolved. Forms link provides access to 340B Change Request form. 340B Covered Entity Name: 340B ID: As listed on HRSA OPA's publ Complete only information that is to be changed New Entity Name: New Entity Sub-Division Name: New Physical Address: New Physical Address City, State, Zip: New Ship To Address: New Ship To City, State, Zip: New Bill To Address: New Bill To City, State, Zip: Remove/Add/Revise Medicaid # or NPI #: Indicate Remove/Add/Revise (to be used only if billing Medicaid for 340B drugs) New Authorizing Official: New Authorizing Official Title: New Authorizing Official Phone #: New Authorizing Official E-mail Address: New Contact Person: New Contact Title: New Contact Phone #: New Contact Fax #: New Contact E-mail Address: The section below is to notify OPA only of <u>corrections</u> to the existing Contract Pharmacy Contact Information Contract Pharmacy Information: (to be used only for correcting Existing Contract Pharmacy Contact Information) All new Contract Pharmacy Arrangements must submit a Contract Pharmacy Services Self-Certification Form found at: http://www.hrsa.gov/opa/contracted.htm Contract Pharmacy Contact Person: Contract Pharmacy Contact Title: Contract Pharmacy Phone #: Contract Pharmacy Fax #: Contract Pharmacy Email Address: Comments: SUBMIT FORM TO ::::::> opastaff@hrsa.gov Update of this information is subject to approval and verification by the Office of Pharmacy Affairs. Need Help? provides links for quick access to Frequently Asked Questions, Pharmacy FOR DIRECT ASSISTANCE Please call 1-800-628-6297 or e-mail Pharmacy Services Support Center for technical assistance Service Support Center, etc. ne information requires the use of Adobe Acrobat Reader. It can be downloaded at the following site: Ger Adobe Acrobat Re visit our Frequently Asked Questions page for information in this site. Find forms including the 340B Change Form (to submit changes to the OPA Database) at the 340B Forms page. The Office of Pharmacy Affairs will announce Database Enhancement Announcements to the 340B database as they occur MEDICAID PROVIDER INFORMATION - users may now go to the Covered Entity dropdown or window and find the <u>Medicaid Provider Number Search</u> that will list Medicaid Pharmacy Provider Numbers for all covered entities within a specified State that have indicated to OPA that they are billing Medicaid for drugs purchased at 340B prices. In addition, the database now accepts multiple Medicaid Pharmacy Provider Numbers for each covered entity and NPI numbers. <u>Medicaid Exclusion Tutorial</u> - gives guidance to the covered entities for what needs to be included in the Medicaid Provider Number field. For help with an acronym, visit the Covered Entity Database Acronym page. HHS Privacy Policy Notice

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the session open.

# **HOMEPAGE FEATURES DETAILS EXAMPLE** Questions, Comments, or **HRSA 340B** Suggestions link provides format for submitting emails direct to Send Us Your Comments OPA. We value the opinions of all of our stakeholders. Please tell us what you think! We may wish to contact you to better understand your comments. Please provide your name and email below to facilitate that dialogue. In addition, if you are a current 340B participant, providing your 340B ID may help to expedite our response. Subject: Name: \* Email: 340B ID: SEND RESET Denotes a required field Public Users are not required to **HRSA340B** use login credentials for the 340B System; therefore, the Login link is not needed. Help link navigates to the Need Help? screen. **Browser Session Timeout** Your session is about to be timed out in 30 seconds. As a security precaution, sessions end after 30 minute(s) of inactivity. Click OK to continue your current session. Once you have accessed the 340B System, the session is OK Cancel active for 30 minutes unless the user is entering data. Reminder pop-up window displays a message that the session will be timed out in 30 seconds. To avoid this, click on the button to keep

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